

1193

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH.

Ter. Index No. 8

PLACE OF BIRTH

County of Apache
District of _____
Town of Concho
or _____
City of _____

Register No. 93
St.; _____ Ward)

FULL NAME OF CHILD

If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child <u>Boy</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>June 24</u> 19 <u>10</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>Jessie Marble</u>			Full Maiden Name <u>Eliza Marble</u>		
Residence <u>Concho Ariz</u>			Residence <u>Concho</u>		
Color or Race <u>American</u>			Color or Race <u>American</u>		
Age at last Birthday <u>32</u> (Years)			Age at last Birthday <u>28</u> (Years)		
Birthplace <u>Salt Creek Utah</u>			Birthplace <u>Arizona</u>		
Occupation <u>Farmer</u>			Occupation <u>Housewife</u>		
Number of child of this mother _____		Number of children, of this mother, now living _____		Were precautions taken against Ophthalmia neonatorum? _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 24, 1910, at 8:40 AM

*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) Leoniaa Sanchez

(Attending physician, midwife, householder.)

Given or christian name added from a supplemental report _____ 19 _____

Filed _____ 19 _____

Address Concho Ariz

Margaret

LOCAL REGISTRAR

J. B. Boudin

COUNTY REGISTRAR

745-621-222

COUNTY REGISTRAR

Filed _____ 19 _____

Write in
N. B.—In case of more than one child, state birth, state, This certifies 5 days after birth.